

**CITY OF CARLSBAD
TRANSIENT OCCUPANCY TAX
CARLSBAD TOURISM BUSINESS IMPROVEMENT DISTRICT RETURN
CARLSBAD GOLF LODGING BUSINESS IMPROVEMENT DISTRICT RETURN**

NAME OF BUSINESS:
BUSINESS ADDRESS:
MAILING ADDRESS:
MONTH ENDED:

1. NUMBER OF AVAILABLE ROOMS FOR THE MONTH OF: _____	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
2. NUMBER OF TRANSIENT OCCUPIED ROOMS FOR THE MONTH OF: _____	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
3. TRANSIENT RENT RECEIPTS FOR THE MONTH OF: _____	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
4. CTBID ASSESSMENT (multiply line 2 by \$1.00):	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
5. CGLBID ASSESSMENT (multiply line 2 by \$2.00): *** Note this is an optional BID that hotels may commit to annually.	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
6. TRANSIENT TAX (multiply line 3 by 10%):	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
7. PENALTY (10% if payment is made after due date):	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
8. PENALTY (10% for delinquency beyond 30 days):	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
9. INTEREST (1-1/2% per month from date of delinquency):	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
10. TOTAL BALANCE DUE (Line 4 through Line 9)	<div style="border: 3px double black; height: 25px; width: 100%;"></div>

<p>I hereby certify that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete statement made in compliance with the provisions of the Carlsbad Municipal Code.</p>	
Print Name and Title: _____	
Signature: _____	
Date: _____	Telephone: _____

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF CARLSBAD
MAIL REMITTANCE TO:
Finance Department, 1635 Faraday Ave., Carlsbad, CA 92008**